The Croft (RCH) Limited

The Croft (RCH) Limited

Inspection report

Hooke Hill
Freshwater
Isle of Wight
PO40 9BG
Tel: 01983 752422

Date of inspection visit: 16 and 20 November 2015
Date of publication: 23/12/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 16 and 20 November 2015 and was unannounced. The home provides accommodation and personal care for up to 21 people, including some people living with dementia and some younger adults with mental health needs. There were 21 people living at the home when we visited.

At the time of our inspection a senior staff member had applied to be registered with CQC as the home's registered manager. Their application was being processed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Medicines were stored securely but systems had not ensured all medicines were available to be administered as prescribed. Individual 'as required' guidance and formal pain assessment tools were not in use meaning there may be inconsistency in administration by different staff.

Summary of findings

The recruitment process records showed all necessary pre-employment checks had not been completed for one new staff member. There were enough staff to meet people's needs and contingency arrangements were in place to ensure staffing levels remained safe. Staff received appropriate training and were supported through the use of one to one supervision and appraisal.

Information about how legislation designed to protect people's legal rights should be applied for individual people was not always present. Best interest meetings to make decisions on behalf of people who lacked the ability to make these decisions had not been formally recorded. Staff were offering people choices and respecting their decisions appropriately.

The Deprivation of Liberty Safeguards (DoLS) were applied correctly. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

People felt safe and staff knew how to identify, prevent and report abuse. Plans were in place to deal with foreseeable emergencies. The home was well maintained with further pans to improve the environment agreed by the provider.

Care plans provided comprehensive information about how people wished to be cared for and staff were aware of people's individual care needs. People had access to healthcare services and were referred to doctors and specialists when needed. Reviews of care involving people or relatives, where people lacked capacity, were conducted regularly.

People and their relatives were positive about the service they received. They praised the staff and care provided. People were also positive about meals and the support they received to ensure they had a nutritious diet. A range of varied activities was offered with people able to choose to attend or not.

People and their relatives were able to complain or raise issues on an informal basis with the manager and were confident these would be resolved. This contributed to an open culture within the home. Visitors were welcomed and there were good working relationships with external professionals. Staff worked well together which created a relaxed and happy atmosphere, which was reflected in people's care.

The manager was aware of key strengths and areas for development of the service and there were continuing plans for the improvement of the environment. Quality assurance systems were largely informal. There was regular contact by the provider and manager with people, relatives and staff.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Systems had not ensured that all prescribed medicines were available for administration. Individual 'as required' medicines guidance and formal pain assessment tools were not in use. Medicines were stored securely.

The recruitment process had not ensured all pre-employment checks had been completed. There were enough staff to meet people's needs with arrangements in place to ensure staffing levels remained safe.

People felt safe and staff knew how to identify, prevent and report abuse. General and individual risk assessments had been completed and plans were in place to deal with foreseeable emergencies.

Requires improvement

Is the service effective?
The service was not always effective.

Information about how legislation designed to protect people's legal rights should be applied for individual people was not always present.

People were offered a choice of suitably nutritious meals and received appropriate support to eat and drink. The nutritional intake of people at risk of malnutrition was monitored effectively.

People could access healthcare services when needed and received the support with personal care they required.

Staff were suitably trained and received appropriate support.

Requires improvement

Is the service caring?
The service was caring.

People were cared for with kindness and treated with consideration. Staff understood people's needs and knew their preferences, likes and dislikes.

People (and their families where appropriate) were involved in assessing and planning the care and support they received.

People's privacy was protected and confidential information was kept securely.

Good

Summary of findings

Is the service responsive?

Good

The service was responsive.

Care plans provided individual information about how people wished to be cared for. Reviews of care were conducted regularly.

People praised the quality of care and told us their needs were met. A range of daily activities were offered and people were able to choose to attend or not.

People and relatives were able to complain or raise issues with the manager and were confident these would be resolved.

Is the service well-led?

Good

The service was well-led.

Quality assurance systems were largely informal. Policies and procedures had been reviewed and were available for staff.

There was an open and transparent culture within the home. The provider and the manager were approachable. People, relatives and staff felt the home was run well.

The provider sought feedback from people and staff; they used the information to improve the home.

The Croft (RCH) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 November 2015 and was unannounced. The inspection was conducted by one inspector and a specialist advisor in the care of people with mental health needs.

Before the inspection we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with nine people living at the home and five family members. We also spoke with the manager, six care staff, maintenance staff and the cook.

We looked at care plans and associated records for five people, additional records of care people had received, staff duty records, two recruitment files, accidents and incidents reports, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three health and social care professionals following the inspection to obtain their views.

We previously inspected this service in November 2013 where no concerns were identified.

Requires improvement

Is the service safe?

Our findings

Medicines were not always managed safely and some prescribed medicines were not available for administration. We found on one person's Medicines Administration Record (MARs) that they had not received a prescribed medicine for six days prior to our inspection and had missed other medicines on one day the previous week due to medicines not being available. The manager explained that procedures had not ensured that new stock had been requested until supplies had run out. These had been requested in an emergency when it was noted that there were no further medicines for the person. During the inspection the manager was in contact with the GP and dispensing pharmacist to ensure this was received. However, the person was placed at risk due to not receiving their medicines as prescribed.

People were prescribed medicines to be given 'as required' for pain management, agitation and constipation. Records on MARs, and daily records of care, did not demonstrate why 'as required' medicines had been administered. MARs did not always show how many of a variable dose medicine had been given or how the decision as to how much to give had been determined. Although staff were able to describe when they would administer these, there were no individual 'as required' administration care plans or formal pain assessment tools in place. These would have ensured consistent decision making as to when 'as required' medicines should be given.

The failure to ensure people received all medicines as prescribed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were happy with the arrangements to receive their medicines. Those able told us they could get medicines such as for a headache if needed. All medicines were stored securely. When medicines required cold storage, a refrigerator was available and the temperature was checked and recorded daily to ensure that medicines were being stored according to the manufacturer's instructions. Appropriate arrangements were in place for the safe disposal of prescribed medicines. Only staff who had completed medicines administration training were permitted to administer medicines. Observations of the administration of medicines showed staff completed this in a safe way.

Recruitment procedures which were in place to help ensure that staff were suitable for their role, had not been followed in all cases. The home had a consistent staff team and had only recruited two new care staff members in the past year. These staff had been recruited via apprentice scheme organisations. The recruitment files for these staff showed that whilst for one all the necessary pre-employment checks had been completed, this had not been the case for the second care staff member. A full work history and references were not available although criminal history checks had been completed. The manager arranged to get the missing information during the inspection.

There were enough staff to meet people's needs at all times. People told us there were enough staff. One person told us staff would respond promptly if they used their call bell. Another person said "the staff are always around; if I need anything they will sort it quickly". A relative told us there always seemed to be staff available. They told us of an occasion when their relative had been distressed and had received individual support. Other relatives said staff were always available to talk to them when they visited. Staffing levels were determined by the manager who assessed people's needs and took account of feedback from people, relatives and staff. The manager was available and provided additional support when required. Duty rosters showed that staff covered additional shifts when necessary ensured staffing levels were maintained at a safe level.

People told us they felt safe. One person said "Yes I feel safe here, the staff are really good – like family". Another person said "it's safe here; I know the staff will look after me". A family member said, "when I can't visit I don't worry, I know they will be safe and [name manager] will call me if there are any problems". Another relative said "I have never seen or heard anything that would make me worry about my relative or anyone else". A third relative commented that they had observed staff supporting people who were physically aggressive towards staff and that staff had responded in a very calm manner.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse, and how to contact external organisations for support if needed. They said they would have no hesitation in reporting abuse and were confident the manager would act on their concerns. One staff member said, "I would listen to the person, note down what they said and tell [managers name]". They

Requires improvement

Is the service safe?

added that they were sure the manager would take this seriously and take any necessary action. There were suitable policies in place to protect people; staff had access to the relevant procedures which were available for all staff in the care office.

All care plans included risk assessments which were relevant and individual to the person and included specified actions required to reduce the risk. These included the risk of people falling, nutrition, moving and handling and developing pressure injuries. For some people the action to manage risk was for staff to monitor their safety and whereabouts every twenty minutes or hourly depending on the risk. We saw that staff were not always recording these observations although they stated they had been aware of where people were as it was lunch time. Where other risks were identified action was seen to have been taken to manage the risk. For example, we saw a person at high risk of skin breakdown due to pressure was sitting on a pressure relieving cushion and had identified equipment in use on their bed. Specific risk assessments were also in place where people placed themselves or others at risk such as due to smoking cigarettes. Risk assessments had been regularly reviewed. These procedures helped ensure people were safe from avoidable harm. We observed equipment, such as pressure relieving devices and bed rails, being used safely and in accordance with people's risk assessments. People had individual equipment, such as slide sheets, which were seen in their bedrooms and corresponded to information in their care plan. People, relatives and staff said that moving and handling equipment was always operated correctly by two members of staff. Individual moving and handling risk assessments had been completed.

General risk assessments were also in place such as for the environment. We identified that some window opening restrictors in use on the first floor were unsafe. The manager took immediate action and when we returned we saw a delivery of new restrictors had been received which would be fitted by the maintenance person.

There were plans in place to deal with foreseeable emergencies. Staff had undertaken first aid and fire awareness training. They were aware of the action they should take in emergency situations. Personal evacuation plans were available for all people. These included individual detail of the support each person would need if they had to be evacuated. Records viewed showed essential checks on the environment such as fire detection, gas, electricity and equipment such as hoists were regularly serviced and safe for use.

Requires improvement

Is the service effective?

Our findings

People's legal rights may not be ensured as information about these was not available. People's ability to make decisions had been assessed and recorded, in a way that showed the basic principles of the Mental Capacity Act, 2005 (MCA) had been complied with. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Where assessments showed people lacked capacity to make decisions to consent to their personal care or medicines best interest decisions had not been completed. Care plans contained information where relatives or others had legal powers to make decisions on behalf of people such as in respect of their finances but the manager had not sought clarification of this such as obtaining copies of the legal documents giving the relatives the legal rights. This meant they could not be sure who could legally make decisions on behalf of people.

Care files did not contain clear information of any legal restrictions people may or may not be under. For example, in one person's file we found information indicating the person may have been subject to restrictions and conditions from the Mental Health Act 1983/2007. There are various restrictions and conditions which could be imposed by the legislation. The manager was aware that a review had been completed in February 2015 and stated they had not received documentation following the review but that the conditions remained. The manager not ensured they received updated documentation or contacted the social worker to obtain the confirmation of the conditions the person was subject to, and action that should be taken should this be required. For a second person it was not clear if any restrictions were in place or the legal basis for the conditions.

The failure to ensure that care and treatment are only provided with the legal consent of the relevant person and ensure staff have access to information about any legal restrictions on a person was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A Deprivation of Liberty Safeguards (DoLS) application had correctly been made in respect of people whose assessment showed they lacked capacity to make certain decisions which would help protect their legal rights. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

People were able to access healthcare services and received the personal care they required. Everyone we spoke with told us they could see a doctor when required and that staff were available to assist with personal care if needed. One person told us they had "seen the optician" who had visited the home and "the chiropodist comes every couple of months". Another person said they felt the care they received was good and their needs were met well. Relatives told us their family members always saw a doctor when needed and were admitted to hospital promptly if investigations or treatment were required. One relative told us how a staff member had gone to hospital with their family member and stayed with them until they were settled onto the ward. A visiting health professional told us they felt people's healthcare needs were met. A second health professional was also positive about the home. Care records contained information about people's previous known healthcare needs and treatment. They also showed people were referred to GPs, community nurses and other specialists when changes in their health were identified.

A relative told us they felt their family member was "always clean and well cared for". Another relative said their loved one was getting older and now less mobile and spent a lot of time in bed. They told us whenever they visited the person "always looks so comfortable and snuggled up in bed. They look clean with clean nightwear, hair brushed and no unpleasant aromas". A third relative commented that, since admission to the home, their loved one was now having baths and staff spent up to an hour with them "having a real pampering session". We saw people were supported to have their personal care needs met in a sensitive way and looked well cared for.

People were provided with a choice of nutritious food and drink. One person said, "The food's good, you can always ask for something else and there is plenty of it." Other people said that they were very happy with the meals. A relative told us they had enjoyed meals at The Croft with their family member and the food had been very good. Most people chose to eat in one of the communal rooms where they sat in small groups at tables for four to six

Is the service effective?

people. This helped make the mealtime a pleasant and sociable experience with staff supporting people to sit with other people they could communicate with. We saw one person ate their main meal with other people but chose to take their dessert back to their room showing they had choice where to eat. People were offered varied and nutritious meals which were freshly prepared at the home. Alternatives were offered if people did not like the menu options of the day. People were asked their preference by the cook during the morning, but if they changed their minds at the time of the meal this was accommodated. For example, we saw several people had ordered a hot pudding with custard but during the meal requested ice-cream as they said they had eaten so much main course they would not manage the dessert. This was provided with no fuss.

Drinks were available throughout the day and staff prompted people to drink often. We saw various types of cups were available to support people to be as independent as possible. People were encouraged to eat and staff provided appropriate support where needed, for example, by offering to help people cut up their food. Where individual support was required staff spent time encouraging the person and did not rush the meal. Special diets were available for people who required them and people received portion sizes suited to their individual appetites. Nutritional risk assessments had been completed for each person and staff monitored the food and fluid intakes of people at risk of malnutrition or dehydration. They monitored the weight of people each month or more frequently if required due to concerns about low weight or weight loss.

People told us they liked their bedrooms and the communal areas of the home. The environment was safe and adaptations had been made to make it suitable for older people, such as hand rails in corridors and assisted bathing facilities. The majority of the bedrooms were on the ground floor and the manager stated that consideration was given to the available room when assessing people prior to admission. Some bedrooms had en-suite facilities and for others there were bathrooms and WC's located close by. There were two main communal areas providing lounges and dining space. These were decorated and furnished pleasantly providing various areas where people could sit. There was level access to the outside patio garden. Entrance and exit from the home was via number keypads which would provide security and alarmed doors to the gardens which were enclosed by fencing. However, this would not necessarily prevent people leaving the home via the gardens as the fences would not prevent someone determined to leave. Bedrooms were personalised with items important to their occupants. Although some areas of the home were in need of redecoration the manager told us the provider had agreed funds for this to be commenced.

Staff was knowledgeable about the needs of people living with dementia and mental health needs and how to care for them effectively. When asked if they felt staff had a good understanding of their mental health needs one person said "I think they do and it hasn't been an issue". One social care professional who visited the home stated The Croft had "done an amazing job" and developed a good relationship with a person who had complex needs. New staff received induction training which followed the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people. The manager told us that all staff, including those with care qualifications, were to do the care certificate as they felt it provided a good update for existing staff as well as a thorough induction for new staff. Records showed staff were up to date with essential training and this was refreshed regularly. Each staff member had an individual training profile which detailed what training they should complete and when. Training was provided by a combination of computer learning with knowledge check and hands on practical training such as for moving and handling. Most staff had obtained recognised care qualifications relevant to their role or were working towards these.

People were cared for by staff who were motivated and supported to work to a high standard.

Staff were supported appropriately in their role, felt valued and received regular supervisions. Supervisions provided an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, and discuss training needs. The manager told us that supervisions included an element of observation, during which staff practices were observed and discussed. Staff received one-to-one sessions of supervision and a yearly appraisal with the manager. This was a formal process which provided opportunities for staff to discuss their performance, development and training needs. One staff

Requires improvement

Is the service effective?

member told us “The manager is always available and works with us when needed.” Another member of staff said, “the manager is always supportive and we can contact them at any time if they are not here”.

Good

Is the service caring?

Our findings

People were cared for with kindness and compassion. All the people and relatives we spoke with praised the staff and said they treated people in a very caring way. One person told us "The best thing about here is the staff, they are really nice." Another person said of the staff "They are all kind, I like them". One person described the staff as "more like family". A relative described staff as "kind and caring" and said, "I've never seen any problems, they always seem happy." Another relative told us "some people are not always nice to the staff, but the staff don't react, they are always patient and kind to everyone". These views were echoed by the health and social care professionals we spoke with.

Staff treated people and consideration. For example, when staff were serving meals they engaged people in conversations about the meal and ensured they had meals they liked. One person required a high level of support with their meal. The care staff member assisted them in a calm patient manner explaining to them what the meal was and what they were doing. People were offered clothing protectors "to keep your blouse clean" in a dignified manner. All members of staff spoke positively about people and knew them as individuals. Staff told us there was no pressure to get tasks completed and there was time to sit with people if they were distressed or required emotional support.

Staff understood people's individual needs. For example, when staff entered the room of a person who was cared for in bed, they knocked first then called out and stated who they were. We observed staff supporting a person who was very anxious. Staff reassured the person without minimising or invalidating their experience whilst avoiding over reacting. An appropriate level of support was provided which seemed effective and allowed the person to relax and subsequently continue without further issue. When people, for example those living with dementia, became anxious or confused staff remained calm and patiently encouraged them to accept help and support. We observed staff supporting people gently when moving around by holding their hands and offering reassurance and guidance. They encouraged people to move at their own pace and offered them choices, such as to where to sit in the lounge/dining room.

People were involved as far as possible in planning their own care. When people moved to the home, they (and their families where appropriate) were involved in assessing and planning the care and support they needed. A family member told us "They asked me about (my relative's) life and what they enjoy etc. I have seen the care plan." Comments in care plans showed this process was on-going and family members were kept up to date with any changes to their relative's needs. People's preferences, likes and dislikes were known. Care files contained individual information about personal preferences such as those around food and drinks. Support was provided in accordance with people's wishes. Staff were clear that people were never made to get up unless they were awake and ready to rise. People told us they could remain in bed as long as they liked and spend time where they liked in the home.

Staff ensured people's privacy was protected by speaking quietly and ensuring doors were closed when providing personal care. One room was used to accommodate two people. We saw screens were available and a person in the room confirmed these were used when personal care was provided. They told us they had known they would be sharing a room prior to admission and were happy with the arrangement. People stated that staff ensured their privacy at all times and they had not witnessed any concerns with privacy or respect from staff interactions with other people. Relatives also confirmed that privacy and dignity were ensured at all times. Confidential information, such as care records, was kept securely and only accessed by staff authorised to view them.

Good

Is the service responsive?

Our findings

People received personalised care from staff who supported them to make choices and were responsive to their needs. Everyone we spoke with told us they were happy with the way they were looked after at The Croft. One person told us that they were "happy with the care" and that living at The Croft was "supportive and helpful". Another person described the staff as "a good bunch". Relatives were also positive about the service provided as were health and social care professionals who visited the home. One relative said they felt their family member received "excellent care".

Initial assessments of people's needs were completed using information from a range of sources, including the person, their family and health or care professionals. Relatives confirmed the manager had visited their family member prior to admission and sought relevant information to help ensure their needs could be met. When people's needs changed, staff responded appropriately. For example, one person had been moved to a ground floor room due to risks and reduced mobility.

Care plans provided comprehensive information about how people wished and needed to receive care and support. They each contained information of the individual care people required throughout the day and night covering needs such as washing, dressing, bathing, continence and nutrition. These detailed what people could do for themselves and how they needed to be supported. This helped ensure people received consistent support and maintained their skills and independence levels. Where people lacked capacity relatives had been involved in care planning and reviews.

Reviews of care were conducted regularly by the manager and / or senior care staff member. As people's needs changed, care plans were developed to ensure they remained up to date and reflected people's current needs. For example, in one person's care file we saw that staff had requested a specialist assessment of the person's swallowing ability following an incident when they had choked during a meal. The speech and language therapist had assessed the person and their guidance stated meals should be provided in an altered format. The person's risk assessments and care plans had been updated and we saw they were provided with the correct meal and support to eat.

We saw staff followed the care plans. Records of daily care confirmed people had received care in a personalised way in accordance with their care plans, individual needs and wishes. Care staff were able to describe the care individual people required and were aware of the information in care files which they had access to at all times. We observed the handover between the morning and afternoon care staff. Staff referred to people in positive terms, advice was given on tasks completed and anticipated objectives for the afternoon shift. Staff talked about individual people in the detail that was required and appropriately without the handover being either excessive or too brief.

People received mental and physical stimulation through a range of formal and ad hoc activities. This included craft, music and interactive sessions. One person told us how they had enjoyed various visiting entertainers and another spoke about outings with staff. Relatives also praised the activities and outings provided. Staff had considered how they could use activities to enrich people's lives and had introduced animals to the home. Chickens had been hatched from eggs and people told us this had been "very interesting" and they now enjoyed watching the adult chickens. A small indoor fish pond had been provided and staff told us how a person who had previously not been interested in many activities had requested the responsibility of feeding the fish. Two guinea pigs also lived at The Croft and staff said older people enjoyed it when they were able to hold and pet them. Other activities aimed to increase community links and involved charity events and a 'Crofts got talent' show involving staff and people. People said they could choose to join activities or not. Information about planned activities was made available to people and staff reminded them of when activities were to occur.

People were given opportunities to express their views about the service. The manager had developed a questionnaire survey which had been sent to people and their families to seek further feedback about the service and how it could be improved. The manager said they made a point of talking to people and visitors and felt this meant people could raise any issues in an informal way which could be quickly resolved. Relatives said they felt they were kept up to date about the home and any changes which were planned. They stated they felt able to approach the manager if they had any questions or suggestions about the service and that these would be listened to.

Good

Is the service responsive?

People knew how to complain or make comments about the service and the complaints procedure was displayed on the notice board in the entrance hall. Relatives and people told us they had not had reason to complain, but knew how to if necessary. The manager said they aimed to maintain good, open communication with people and relatives so that any issues could be discussed and resolved before there was a need for a formal complaint.

Good

Is the service well-led?

Our findings

One person said "The Croft has a family atmosphere and is friendly". Another person said they "liked living at The Croft" and that "the staff are friendly and do not interfere too much". People who had previously lived in other residential services all told us they were much happier with the care they received at The Croft. One person said "it's the best place I've ever been in". They stated they liked the environment which they felt was homely and that staff were around to talk with when needed.

There was an open and transparent culture within the home. Visitors were welcomed, there were good working relationships with external professionals and the provider notified CQC of all significant events. One person described the manager as "good" and "very approachable". Similar comments were made by other people who felt able to raise issues and were confident these would be sorted out. All relatives were aware of who the manager was and said they felt able to approach them if they had any questions or worries about their family member. A relative said, "I know who the manager is, if I have any concerns I am confident they will sort it out". Another relative said "I think this home is very well run."

There was a close working relationship between management and staff who had the best interests of people at heart and had a shared vision to provide high quality care. Staff were positive about the management of the home and said they were able to raise any issues or concerns with the provider or manager who "listened and understood their concerns." Staff told us they enjoyed working at the home and were well-motivated. Comments included: "I love working here and get on well with the residents, the manager and all the other staff". Another staff member told us how they felt supported by the manager who they described as "approachable". They added "I love coming to work here". People, relatives and staff all used the term "family" when talking about the atmosphere and culture of the home. We observed staff worked well together which created a relaxed atmosphere and was reflected in people's care. We saw positive, open interactions between the manager, staff, people and relatives who appeared comfortable discussing a wide range of issues in an open and informal way. The manager was fully aware of people's needs and knew visitors by name demonstrating they had regular contact with them.

Systems were in place to monitor the quality of the service people received although these were mainly informal. The manager was fully involved in the day to day running of the home and would work with staff providing direct care for people. They said this enabled them to informally monitor the way staff worked and thus monitor the quality of care provided. The manager said they ensured the quality of the service provided by constantly talking to people, relatives and staff. The manager had completed a self-audit of the service as required by the local social services commissioning team. They stated this had identified some areas for improvement and they planned to repeat the process after six months. Following discussion the manager stated they would look at various formal audits such as for infection control, documentation, medication, incident monitoring and the environment.

The manager told us they had control over budgets within the home and were able to authorise most routine costs. They said they were able to directly contact external professionals and approve emergency repairs and then inform the provider once arrangements were in place to ensure the safety of the environment and services provided. This meant there was no delay and repairs could be completed quickly with limited impact on people. Where larger expenditure was required the manager stated they would discuss the need and options with the provider who would invariably agree the funding. We were told funding had been approved for redecoration of bedrooms including new carpets and furniture where required.

This also showed the provider trusted the manager and senior staff to act sensibly for the benefit of people living at the home. The provider visited the home most weeks speaking to staff and people and viewing some records relating to care. They visited briefly during the inspection and it was evident from their interactions with the manager that they were confident the manager would resolve the areas we identified as requiring improvement. Staff said they felt able to raise any issues or concerns with members of the management team and trusted them to act to resolve issues. Staff said the manager "often asks us for our ideas and suggestions such as the decoration in the lounge". They added they were "kept in the loop" about any plans or information about the home. Staff said they felt confident to speak with the provider when they visited the home.

Good

Is the service well-led?

There were a range of policies and procedures which had been individualised to the home and service provided. These were reviewed internally by the manager and amended when required. This ensured that staff had access to appropriate and up to date information about how the service should be run. A folder containing policies and procedures was available to all staff at all times in the care office.

The provider sought feedback from people and staff on an ongoing basis. Responses from a recent survey were positive, showing people were satisfied with the overall quality of service provided. The manager said they would address any individual issues raised and use the information to identify actions and improvements. For example, there had been one comment about the environment of the home which had led to internal improvements and further plans for environment improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person has failed to ensure people receive all medicines as prescribed. Regulation 12 (2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person has failed to ensure that care and treatment are only provided with the legal consent of the relevant person and ensure staff have access to information about any legal restrictions on a person. Regulation 11(1)